

# VOCA CLIENT DATA WORKSHEET

**INSTRUCTIONS:** Enter all information that is appropriate for each client--primary victims and significant others. Some information will only need to be filled out once. The form can be used for each contact or it can be used to record services by quarter. This worksheet is for the agency's internal use and should only be utilized to assist programs in compiling data necessary for the quarterly statistical performance report. The worksheets are not to be submitted to MOVA.

**PLEASE NOTE:** The quarterly statistical performance report has all of the definitions for types of services provided, referrals made to and received from, and types of crime. Please refer to these definitions if you need guidance on what to check off.

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**Client Name/ID#:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age of Client:** \_\_\_\_\_ **Type of Client:** \_\_\_\_\_ Primary Victim  
\_\_\_\_\_ Significant Other

**Gender:** \_\_\_\_\_ Female  
\_\_\_\_\_ Male

**Current Quarter:**

**Client Status This Quarter:**

\_\_\_\_ July - Sept. (1)  
\_\_\_\_ Oct. - Dec. (2)  
\_\_\_\_ Jan. - Mar. (3)  
\_\_\_\_ April - June (4)

\_\_\_\_ New Face to Face      \_\_\_\_ Ongoing Face to Face  
\_\_\_\_ New Hotline/Telephone      \_\_\_\_ Ongoing Hotline/Telephone

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**Client Received Following Services:**

**Referrals Made to and Received on Behalf of Client:**

	TO	FROM
____ Counseling	<u>XXX</u> Self/Family/Friend	_____
____ Follow-up	_____ Non-VOCA Staff within agency	_____
____ Hotline/Telephone Counseling	_____ Police	_____
____ Therapy	_____ Victim Witness Assistance Prog.	_____
____ Group Treatment/Support	_____ Court Personnel	_____
____ Shelter/Safe House	_____ Legal Services	_____
____ Assistance with Victim Compensation	_____ Victim Compensation	_____
____ Criminal Justice Support/Advocacy	_____ VWAB/MOVA	_____
____ Emergency Legal Advocacy	_____ Shelter/Safe Home	_____
	_____ Social Services	_____
____ Medical Advocacy	_____ Mental Health Agency/Facility	_____
____ Personal Advocacy	_____ Other Victim Services	_____
____ Emergency Financial Assistance	_____ Medical Services	_____
____ Information & Referral (in-person)	_____ Substance Abuse Programs	_____
____ Information & Referral (telephone/e-mail)	_____ Schools	_____
____ Other (specify):	_____ Religious/Spiritual Organizations	_____
_____	_____ Program Outreach/Media	_____
_____	<u>XXX</u> Brochure	_____
_____	_____ Not Known	_____
	_____ Other (specify):	_____

This worksheet is only to assist you in compiling statistics for your quarterly report. Do not submit worksheet to MOVA.

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### Type of Crime:

Count each crime committed that is relevant to services provided. For all new clients and newly disclosed crimes for ongoing clients.

- ☐ Homicide (not vehicular)
- ☐ Motor Vehicular Homicide
- ☐ Assault
- ☐ Robbery
- ☐ Domestic Violence
- ☐ Adult Sexual Assault/Abuse
- ☐ Adult Survivor of Incest or Child Sexual Assault
- ☐ Adult Survivor of Child Physical Abuse
- ☐ Child Sexual Assault/Abuse
- ☐ Child Physical Abuse
- ☐ Abuse of Disabled Person
- ☐ Elder Abuse (Ages 60 +)
- ☐ Violation of a Protective Order (209A)
- ☐ Crime related to DUI/DWI
- ☐ Hate Motivated Crimes
- ☐ Political Trauma
- ☐ Other (specify)

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### Race/National Origin:

- ☐ Black
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Bi-Racial
- ☐ Cape Verdean
- ☐ Haitian
- ☐ Portuguese/Azores
- ☐ Asian/Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ Other (specify)

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### Disability:

- ☐ Yes
- ☐ No
- ☐ Unknown

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### Notes: